

fraserhealth

Better health. Best in health care.

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CLUBHOUSE REFERRAL FORM

New Member Information			
Name (person requesting service):	Date of Birth: (DD/MM/YYYY)	My gender is:	
(Please Print)			
	PHN:	My pronouns are:	
Home Address:		Phone #:	
nome Address.		Thene in	
Email Address:	☐ I am also interested in	Preferred method of contact:	
participating in virtual/online			
☐ I consent to receiving information by email			
Self Identified Cultural or Ethnic Group: (Check r	nore than one if necessary)		
☐ First Nations ☐ White ☐	Filipino 🗆 Sou	ıth Asian 🗆 Black	
☐ Metis ☐ Arab ☐	Latin American 🗆 Sou	theast Asian Chinese	
☐ Inuit ☐ West Asian ☐	Korean 🗆 Jap	anese Other	
Referral Source Information			
Referring source name and role	Best form of contact	Length of relationship with referred	
_		member	
		□ 0-3 Months □ 3-12 Months	
		□ >12 months	
Other Supports and Housing			
Other important members of my healthcare team or community services include: (Occupational Therapist, Recreation Therapist, WorkBC, Support groups, Counsellor, Family doctor, Case manager, Vocational Counsellor)			
(Occupational Merupist, Nedreation Merupist, Workse, Supp	ore groups, counseller, running accorde	ase manager, vocational coansens.	
Supports I have in my personal life include: (Family members, friends, spiritual or religious connections, r	neighbours nets)		
(Lathing Herribers, Hierius, spiritual of Teligious Conflections, Heighbours, pers)			
In an amargancy places contact			
In an emergency please contact			
Name Relation	ship	Phone number	
Type of housing Alone Family Supported housing program Roommate or Friends Other			
Recovery and Wellness Information			
What areas of your life would you like support in? (Check more than one if necessary)			
what areas of your me would you like support in: (check more than one if necessary)			
\square Mental health \square Going o	out into Voluntee	ering, Fun and recreation	
_		n, or work	
☐ Spirituality and ☐ Friends	and Dersonal	☐ Home and life skills	
personal growth family	relations		
, ,			
☐ Physical health ☐ Finance	es 🗆 Technolo	ogy skills Other	
Do you have a goal that you are working on, or you would like to start?			





Voc. My cool in			
Yes My goal is			
□ No I would like help with this. I a	m interested in:		
What might make connecting with clubhouse difficult?			
(e.g., transportation, language, childcare, meeting new people or going to new places)			
(1.8), transportation, angulary contact of materials	on people of General Process,		
Other important health information			
(e.g., mental and physical health challenges, allergies, specific needs)			
Maintaining Mental Health and Wellness			
What are some supports or skills that help you with your mental health?			
(Counselling, time with friends and family, mindfulness, WRAP, spiritual practices, yoga, walking, art, writing, spending time outside)			
How might the clubhouse team know when you are not feeling mentally well? (Talking more or less, changes in mood,			
moving around more or less, not showing up, spending more money than usual, changes in my routine)			
What can our team do to help you if you need some extra support?			
Lundorstand that by signing this referral	lam also authorizing the montal health centre/referral source and the		
I understand that by signing this referral, I am also authorizing the mental health centre/referral source and the			
clubhouse team to exchange relevant information as the need arises to support an integrated team approach. This			
authorization expires when membership to the clubhouse program ends.			
Signature of member	Signature of referral source		
Data (DD /MM /VVVV)			
Date (DD/MM/YYYY)			

<u>Cultural or Ethinc Groups Examples include:</u>

Chinese: Chinese and Taiwanese

South Asian: Indian, Bangladeshi, Punjabi, Sri Lankan, Bengali, Pakistani, Nepalese, Sinhalese, Tamil

Black: African, Nigerian and Somali

Latin American: Chilean, Costa Rican, Mexican, Brazilian

Southeast Asian: Vietnamese, Cambodian, Malaysian, Laotian, Indonesian, Thai

Arab: Egyptian, Kuwaiti, Libyan, Iraqi, Lebanese, Algerian, Moroccan, Palestinian, Saudi Arabian, Syrian

West Asian: Afghan, Assyrian, Iranian, Armenian, Georgian, Israeli, Kurd, Pashtun, Turkish

Visible Minority Other: Pacific Islander, Polynesian, Guyanese

Multiple Visible Minorities: more than one visible minority

